

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 09/787881	<small>FILING DATE</small> 28 JUL 61					
							<small>APPLICANT(S)</small>						
573-0 CLAIMS													
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>								
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
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